

Ernie Fletcher
Governor



LaJuana S. Wilcher
Secretary

COMMONWEALTH OF KENTUCKY
ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
FRANKFORT OFFICE PARK
14 REILLY ROAD
FRANKFORT, KY 40601

Kentucky Water and Monitoring Well Rig Operator Application

To be Completed by the Applicant:

1. Name of person to be permitted:

(Please type or print name clearly as it is to appear on the permit)

2. Home Address:

Street Address or Rural Route

City County State Zip Phone Number

3. Name of business or corporation you will be working for:

4. Business Mailing Address:

Street Address or Rural Route

City County State Zip Phone Number

5. Date of Birth: _____

6. (a) Are you a U.S. citizen? _____ Yes _____ No
(b) If answer to (a) is no, do you intend to become a U.S. citizen? _____ Yes _____ No

7. Name of the certified driller under whose supervision you will be working:

_____ Cert. No: _____

8. How many years have you been drilling water wells: _____

9. List all types of drilling rigs you have operated (air, mud rotary, cable tool, etc):

10. Check all applicable types of water wells you have drilled:

- ☐ Domestic
- ☐ Municipal
- ☐ Irrigation
- ☐ Industrial

- ☐ Stock
- ☐ Monitoring
- ☐ Water Supply
- ☐ Other

Describe other types of wells: _____

11. List all employers for which you have drilled water wells in the last four (4) years (include name, address and phone numbers):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. List all other previous and current water and monitoring well drillers licenses or certificates held in Kentucky or any other state:

13. Enclose a check or money order for the **\$25.00** (non-refundable) application fee payable to the **KENTUCKY STATE TREASURER**. (Note: This amount must be submitted or the application will not be processed.)
14. I hereby affirm that the information described above is true and correct to the best of my knowledge.

Signature of Applicant

Date

TO BE COMPLETED BY THE SUPERVISING CERTIFIED DRILLER:

15. I hereby affirm that the above applicant is employed by _____ and is familiar with the laws and regulations establishing standards of practice for the construction, alteration, repair or abandonment of water and/or monitoring wells in Kentucky. Therefore, I agree to allow the above applicant to construct, alter, repair or abandon water and/or monitoring wells under my supervision and from time to time be in charge of well construction in my absence.

Signature of Certified Driller

Certification Number

Date

Mail completed application including application fee to:

**Division of Water
Groundwater Branch
ATTN: Certification Program Coordinator
14 Reilly Road
Frankfort, Kentucky 40601**